

RQ-1

May 1, 2022

KRISHNA WOODS, TREASURER LAFAYETTE COUNTY DEMOCRATIC PARTY 1030 AUGUSTA DRIVE OXFORD, MS 38655

Response Due Date 06/06/2022

IDENTIFICATION NUMBER: C00532788

REFERENCE: AMENDED STATEMENT OF ORGANIZATION, RECEIVED 04/12/2022

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. Failure to adequately respond by the response date noted above could result in an audit or enforcement action. Additional information is needed for the following 1 item(s):

- Your committee has filed an amended Statement of Organization (FEC Form 1) to reflect a change(s) in your registration information. Please be advised that under 11 CFR §104.18(f), if a political committee files an amendment to a report that was filed electronically, the political committee shall submit a complete version of the report as amended, rather than just those portions of the report that are being amended. Further, 11 CFR §104.18(c) defines report as any statement, designation or report required by the Act to be filed with the Commission. Please provide a complete amended Statement of Organization to disclose the type of party committee and political party affiliation.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. Requests for extensions of time in which to respond will not be considered.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me

LAFAYETTE COUNTY DEMOCRATIC PARTY

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on our toll free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1169.

Sincerely,

Kevin Fortkiewicz

Sr. Campaign Finance & Reviewing Analyst

322

Federal Election Commission 1050 First Street, N.E. Washington, D.C. 20463

Dear Sir or Madam,

In response to your notice dated May 1, 2022 (copy enclosed), please find enclosed a complete version of FEC Form 1 - Statement of Organization, as amended.

Please let me know if there is anything additional required. Thank you for your time and consideration.

Sincerely,

Krishna Woods, Treasurer

Enclosures (2)

FEC FORM 1		<u> </u>	MENT O	_			•
		· · ·				Office Use C	Only
1. NAME OF COMMITTEE (in	full)	(Check if national is changed)		ole:If typing, type ne lines.	12FE41	M5	
LAFAYET	TE (COUNTY D	EMOCR	ATIC PA	RTY	L 	
	ــــــــــــــــــــــــــــــــــــــ						
ADDRESS (number a	nd street)	PO BOX	1462 			
(Check if a is changed	address 1)	OX FOR D			MS STATE A		5 1 462 ZIP CODE A
COMMITTEE'S E-MA	AL ADDRES	SS					
(Check if a	address	DEC 6 LAF	AYETT	EDEMS. O	RG	<u> </u>	
	••	Optional Second E-N	Mail Address	SAGMAL L	a COM	1 1 1 1	
COMMITTEE'S WEB (Check if a is changed)	address	DRESS (URL) WWW-LAF	FAYETT	EDENS, O	RG		
2. DATE	# ' 0	3 2022					
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C0053	2788			
4. IS THIS STATE	MENT	NEW (N)	OR X	AMENDED (A)			
I certify that I have e	examined th	is Statement and to the	ne best of my kn	owledge and belief it	is true, corr	ect and comple	te.
Type or Print Name	of Treasure	Krishn	a Wood	ls			
Signature of Treasure	er <u>J</u>	grushnod	Woods		Date	5 6 3	2022
NOTE: Submission of	false, errone	eous, or incomplete infor					of 52 U.S.C. §30109.

For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

Office

Use Only - WIMIL CENTER

2022 MAY 25 PM 3: 25

FEC F	orm 1 (Revised 02/2009)	Page 2
_	COMMITTEE	
Candida	te Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		1 1 1 1 1 1 1
Party Co	mmittee:	
(d)	This committee is a SUB (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Pa
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	The mass resources	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	ndraising Representative:	•
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	
	<u> </u>	
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number	
3.	FEC ID number C	

FEC Form 1 (Rev	ised 02/2009)	Page 3
Write or Type Committee	Name	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundralsing Representative, o	r Leadership PAC Sponsor
		<u> </u>
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponso
	•	
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the per	son in possession of committe
Full Name	 	<u> </u>
Mailing Address		
		1.
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
	ne and address (phone number optional) of the treasurer of the committee; a e.g., assistant treasurer)	and the name and address of
Full Name of Treasurer	21SHNA WOODS	1111111
Mailing Address	PO BOX 1462	
	OXFORD	38655 - 1467
Title or Position	CITY STATE	ZIP CODE
	Telephone number	┷╅┸┩ ╌ ┞┷┷┷╅

FEC Form 1 (Revi	ised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	<u> </u>	hone number	
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository		e committee deposits t	funds, holds accounts, rents
BAN	ICORPSOUTH BANK		
Mailing Address	CUS, TOMER SERVICE	CENTER	BUILDINGB
	29110 WEST JACKSO	N STREE	T
	TUPE49	MS	38801-
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
L			
Mailing Address			
		1 1 1 1 1 1 1	
	CITY	STATE	ZIP CODE

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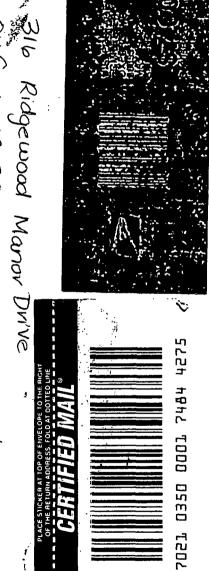
Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of	

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5(g)	or(h). Joint Fundrais in	g Participant:			
107	1. <u> </u>	·	FEC ID nui	mber C	
	2.		FEC ID nui	mber C	
	3.		FEC ID nui	mber C	
	4.		FEC ID nui	mber C	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represe	entative, or Lea	adership PAC Sponsor
				4.4.4.4.	
			1 1 1 1 1 1		
	Mailing Address		1 1 1 1 1 1 1 1 1	1111	
			1 1 1 1 1 1	1111	
				1 1	!-
	Relationship:	CITY ▲	STA	ATE A	ZIP CODE A
	Connecte	d Organization Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Sponsor
8.	Pull Name	y by name, address (phone number – optio	nal) 	<u>. l. l. l. l. l</u>	
	Mailing Address		1 1 1 1 1 1 1	1.1.1.1	
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			1 1	1 1	!-! !
	TITLE OR POSITION	▼ CITY ▲	STAT	TE ▲	ZIP CODE ▲
			Telephone Numb	er L	
9.	safety deposit boxes or ma	ories: List all banks or other depositories in aintains funds.	which the committee	deposits funds,	holds accounts, rents
	Name of Bank, Depository, etc.		<u></u>		
	Mailing Address				
		CITY ▲	STAT	re ▲	ZIP CODE ▲

THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT 🚓

xford, MS 38655



Federal Election Commission

Washington, D.C. 20463 1050 First Street, N.E.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 05 - 19 - 22
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible .	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business I	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
PRÉPARÈR	05-25-22 DATE PREPARED
(3/2015)	J